

# Attachment M



## Copayment Schedule

## ATTACHMENT M

### COPAYMENT SCHEDULE

COPAYMENT SCHEDULE	
<p>Health plans are responsible for the collection of copayments from members. The following services are excluded from copayments:</p> <ul style="list-style-type: none"> <li>• Prescription drugs</li> <li>• Prenatal care including all obstetrical visits</li> <li>• Well baby care</li> <li>• Immunizations</li> <li>• Screening and preventive care services</li> <li>• Members in nursing facilities</li> <li>• Visits scheduled by the PCP or practitioner, which are not requested by the member</li> </ul>	
COVERED SERVICES	COPAYMENT
Doctor's office or home visit and all diagnostic and rehabilitative x-ray and laboratory services associated with the visit.	\$1.00 per visit.
Non emergency surgery	\$5.00 per procedure
Non emergency use of the emergency room.	\$5.00 per visit.